File Original and Firet Copy Department of Ecology		//		1		
Second Copy — Owner's Copy						

Start Card No. <u>U</u>	(6	<u>`5</u>	74	//
	M	_	<u>_</u>	Ľ	フィ

Seco	Intrinent of Ecology () () () () () () () () () (ASHINGTON Water Right Permit No. 3 - 3 E	<u> </u>
(1)	OWNER: Name Dr. FTWOOD Shores Water Synt	Em Inc 50 Camano Hill Rd	
(2)	LOCATION OF WELL: County Island	- <u>NW 1/4 SW 1/4 Sec 6 T. 3 / N. R. 3</u>	w.w
(2a)	STREET ADDRESS OF WELL (or nearest address) Above.		
(3)	PROPOSED USE: Domestic Industrial Municipal DeWater Test Well DeWater	(10) WELL LOG OF ABANDONMENT PROCEDURE DESCRIPTION Formation: Describe by color, character, size of material and structure, and show thickness of	of aquifers
	TYPE OF WORK: Owner's number of well	and the kind and nature of the material in each stratum penetrated, with at least one entry change of information.	, ior each
(4)	(If more than one)	MATERIAL FROM	то
	Abandoned New well 28 Method: Dug Bored Deepened Cable 3 Driven Reconditioned Rotary Jetted Description	Tops.	Z
(5)	DIMENSIONS: Diameter of well	Bown Silt W/onvel 2	70
		450 665	_
(6)	CONSTRUCTION DETAILS: Casing installed: S Diam. from +2.0 ft. to 9.9 ft. Welded S Diam. from ft. to ft. to ft. to ft. to ft. to ft. to ft.	Gray S. 1+ / Sund approved 70 1	150
	Liner installed ☐ Plam. fromft. toft.	Gray Clay /silt W/200 150.	300
	Perforations: Yes No 🔯	Gray silt fine Grave/ 300 3	3 3 5
	Type of perforation used in. by in.	Gray Silt Fine Grave/ 300 =	<u></u>
	perforations fromft. toft.		
	perforations fromft. toft.	Gran Silt W/ Luyers of 330 5	123
	perforations from ft. to ft.	Fine Sand W/42	<u> </u>
_	Screene: Yes 🔯 No 🗆		
	Manufacturer's Name	Gray Silt Fine > Med 425	
	Type Model No	Sund w/tho	
	DIAM. SIOUSIZE SIOUSIZE		
	DIBM. Siot size	RECEIV	<u> </u>
	Graver packed: 168-25		- 0
	Gravel placed from	MAR 2 1 100	
	Surface seal: Yes No D To what depth? 1.	2 130	ਹ
	Material used in seel	DEPT. OF ECONO	,
	Did any strata contain unusable water? Yes		/uy
	Type of water? Depth of strata Method of sealing strata off		
	Memoc of Sealing areas on		
(7)	PUMP: Manufacturer's Name	<u> </u>	
	Type: H.P	10/10/55 3/26	9
(8)		Work Started 7 7 7 Completed 7	_ 1922
	Static level tt. below top of well Date 2/20/46	WELL CONSTRUCTOR CERTIFICATION:	
	Artesian pressure	1 constructed and/or accept responsibility for construction of this well,	ised enc
(9)	WELL TESTS: Drawdown is amount water level is lowered below static level / E	the information reported above are true to my best knowledge and belief.	
(-,	Was a pump test made? Yes No No I fryes, by whom? B+C/Geo Yield: 40 gal./min, with 3 ft. drawdown after 24 hrs.	NAME PERSON, FIRM, OR CORPORATION, (TYPE OR PRINT)	
_		Address 888 Kelly Bellingham W	U17
_	" " " " " " " " " " " " " " " " " " " "	12 10/1	125
	Recovery data (time taken as zero when pump turned off) (water level measured from well	(Signed) License No. OO	<u> 19</u> 2
	top to water level)		
	Time Water Level Time Water Level Time Water Level	Contractor's Registration //- / 12007 KZ	. 9
		Republication 15 CO MO9 26 2 3/10	19 <u>/(</u>
		(USE ADDITIONAL SHEETS IF NECESSARY)	
	Date of test		_
	Baller testgal./min. with ft. drawdown after hrs. Airtestgal./min. with stem set at ft. for hrs.	Ecology is an Equal Opportunity and Affirmative Action employer. F clai accommodation needs, contact the Water Resources Program	or spe at (206

407-6600. The TDD number is (206) 407-6006.

g.p.m. Date_

No 🗌

Was a chemical analysis made? Yes



awell Tagging Form

Unique Well Tag No: AGA 710

RECORI	DVERIFICATION	sheck/one
Well Report available (plea	nse attach this form to the well report a	nd submit it to the Ecology Regional Office near
Verification inconclusive		·
Well Report not available		
WELLOWNERSHI	PIFDIFFEREN	ROMENEEBREPORT
First Name: PEIFTWOOD SHORES	wik.wc Last Name:	
Street Address:		
City:	State:	
LOCATION OF WEL	LIEDEFERENT	FROMWEIL REPORT
Well Address: END OF TRIAL	NCLE COVE RO -UNI	NARVED
City:	County:	
T N. R	W.M. Sec	1/4 of the
F6	Kavaelkanae	
Latitude		GPS
No ty year		Topographic Map
Longitude		_ Survey
•		Computer generated
Elevation at land surface	feet/meters (circle one)	Digital Altimeter
		Topographic Map
Additional information, if available:		Other
Location marked on topographic	map (please attach)	
Location marked on air photo (ple	ease attach)	

State Dept of Health

1.調				EORACE	EVICATION	EONEY		
Repor	WELLCHARACTERISTICS							
; Well	APOSED 8" CASING WALEEN CAP. AOT. TO ROUND CONC.							
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ion o	UNMARKED BO							
ormal	Whatele 160 In of Well identification Tag:							
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i/ort	upplen	nental tag	needec	l for ease of identii	fying well?	Yes	No	•
ta anc	where w	vas tag pla	ced?					
the Data	, C	. В ;	А		,000 (1"=2,000')		ion by drawing a	dor at that point
inty th	· F	G	H	,	e location of the wel		ion by drawing a	got at that point
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of Eco	ENTS:							
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partn			Male					
he De	ight # Date Issued Permit Certificate Claim Exempt							
F	One:	Application	on	Permit	Certificate	Claim	Exem	pt